

country. We know how important this supplemental is to lots of people in this country. We know how important the FISA legislation is. We know how important the housing bill is. And, of course, we know how important the Medicare bill is. Will they all wind up at a point where everyone in the Senate wants them? Probably not. But at least we have the opportunity to have finality on all of these.

So I extend my appreciation to the people on my side who have agreed to drop amendments and work toward a common goal. As Senator McCONNELL and I have said here on the floor on a number of occasions, these are difficult times. The Senate is divided 51 to 49. Although we are in the majority, it is a slim majority. And our will has been tested this past year and a half. As we remember very clearly, one of our Senators got very ill before we were even able to swear in the Presiding Officer and others of the nine Democratic Senators and one Republican Senator. But we worked our way through that.

We have worked our way through a lot of difficult issues, and I say to my friend the Republican leader, I know, frankly, that I get upset at him sometimes, but I always try to do it in a way that I hope brings dignity to this body. He has a job to do, I have a job to do, and we will continue to do that. I am happy we have been able to get to the point where we are today.

Mr. McCONNELL. Mr. President, let me add briefly that we are on a glidepath to completion here of a number of extremely important measures to our country, from the supplemental, which will fund the war in Iraq and Afghanistan, which also includes an important new veterans benefit program; to the Foreign Intelligence Surveillance Act, which has helped protect us against attacks since 9/11; to an important Medicare bill, which will be resolved in one way or another in the next few weeks; to an important housing bill. In each of these instances, we will end up getting a bipartisan result at some point in the very near future on very important issues for the American people. So I think today has been very successful in crafting a pathway—a glidepath, if you will—to completion. I share the majority leader's view that this was a day of considerable accomplishment on major issues for the American people.

I yield the floor.

Mr. REID. Mr. President, if the Republican leader has completed his statement, I would ask unanimous consent that the final 20 minutes—10 minutes for Senator McCONNELL and 10 minutes for me—be reserved for us. If other people want to come and use that time, we will use leader time, but prior to the vote we would ask for the opportunity to speak.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008—MOTION TO PROCEED

The PRESIDING OFFICER. The motion to proceed to H.R. 6331 is considered to have been made under the previous order.

The clerk will report.

The legislative clerk read as follows:

Motion to proceed to Calendar No. 836 (H.R. 6331) an act to amend titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare Program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access, and for other purposes.

The PRESIDING OFFICER. There are now 60 minutes for debate on that motion.

The Senator from Illinois.

Mr. DURBIN. Mr. President, when we finally vote on the floor, it is on the Medicare Program. The Medicare Program is literally a life-and-death program for 40 million Americans. For 40 million Americans who are either over the age of 65 or disabled, this is their health insurance program.

It was created back in the 1960s. When it was created by President Lyndon Baines Johnson, its critics said: This is too big. This is too much government. This is socialized medicine, they said. And many voted against it, saying it was a mistake. Well, after 40 or more years, we know it wasn't a mistake. It may be one of the most thoughtful and important programs enacted since Social Security because it gave peace of mind to senior citizens. They knew when they reached that moment in life when they were likely to be more vulnerable to illness and disease, they would have health insurance. They could go to a hospital or doctor and get basic care and not worry about whether they were wealthy enough to have health insurance or enough savings to cover a medical catastrophe. So this program, which was derided and criticized for being too much government, has been one of the great success stories of this country, and the seniors value it. Every one of them values it.

My brother, who retired from the private sector in his early sixties—a pretty conservative fellow when it comes right down to it, politically—turned out to have had some heart problems. And it turned out he also didn't have any health insurance after he retired. He was really waiting and hoping he could make it to the age of 65 before something else would happen because a few more trips to the hospital and a few more surgeries might have really hurt his retirement plans. He made it. He is covered by Medicare and doing well. And that is just one example of thousands that can be given.

So we have a vote today which should be a pretty simple vote. It was a very simple vote in the House of Representatives. There is a proposal to cut

the reimbursement, the compensation, for doctors under Medicare by about 10 percent on July 1. I think that is a bad idea. These providers don't get paid a lot of money for treating Medicare patients, and to cut their reimbursement may force many doctors to say: We just can't see as many Medicare patients or maybe none at all. So fewer doctors, if this pay cut goes through, are likely to treat Medicare patients. That is not a good outcome. It means that many of the Medicare patients won't be able to go to the doctors who have been treating them for long periods of time and there will be real uncertainty about their future. So we wanted to make sure this pay cut did not go into effect July 1.

The House of Representatives considered this, and in an overwhelming bipartisan vote they voted not to cut the pay for doctors treating Medicare patients. The vote was 355 to 59. That is a 6-to-1 margin in the House of Representatives—totally bipartisan. You would think a bill with that kind of vote would come over here without much controversy. But, of course, those people don't know how to measure the Senate.

In the Senate, there have been those on the other side of the aisle, the Republican side, who have found reason to object to this effort to make sure Medicare doctors get fair pay. It comes down to a lot of reasons they have given, but as they say in politics—or as one old fellow I used to work for by the name of Cecil Partee, a State senate president in Illinois, used to say—for every vote, there is a good reason and a real reason. Well, they are using as a good reason here to vote against this protection of Medicare doctors that, unfortunately, it might involve some increase in taxes or changes in private health insurance. The real reason? The real reason is that this bill goes after—in a small way—private health insurance companies that are selling Medicare coverage, the so-called Medicare Advantage companies.

You see, there are many on the Republican side who haven't gotten over the debate in the 1960s. They still think Medicare is socialism. They still think this is too much government. They want to privatize this. They believe we could rest easy every night if we were in the loving arms of a health insurance company. They obviously haven't had to pick up the phone and talk to some clerk in the middle of nowhere who is denying your claim because of something in the policy you didn't know existed—which has happened to many people across America. No, on the Republican side, they are afraid that any cutback in the profit taking by these private health insurance companies will be uncomfortable for some of their friends. So they are prepared to allow this cut in pay for doctors under Medicare to go through to protect the private health insurance companies offering Medicare coverage.

So I guess the honest question is, Are the private health insurance companies

doing a better job than the Medicare Program? The honest answer is no. Do you know how much more they charge than the Government's Medicare Program? About 17 percent more. They will throw in a few bells and whistles, but about 17 percent more. So it isn't as if they are cheaper. They are not.

Secondly, it turns out they are using bullying and strong-arm tactics to convince a lot of senior citizens to sign up for those so-called Medicare Advantage Programs, so much so that we have had to investigate this, and we are going to have to do everything we can to stop this from continuing.

Third, we just had a report from the General Accounting Office. These so-called private health insurance companies—it turns out the medical care they were reporting for seniors was overstated. They weren't giving them the care that was promised. Instead, they were taking more profit out of the system.

If you are a free market advocate who believes that it is caveat emptor—let the buyer beware—you can buy into this idea of private health insurance companies doing so well, making so much money, bullying seniors, and not giving them medical care promised. I don't buy it and I think they ought to be held accountable. If there is one thing we ought to protect, it is the seniors in America, who have done so much for this country and now need our help in their retirement years. That is what Medicare is all about.

We are going to have a vote in about 45 or 50 minutes. We need 60 votes to protect these doctors who are providing help under Medicare. We only have 51 on our side of the aisle, the Democratic side. We need nine Republicans to cross the aisle to join us in this effort to do the right thing for Medicare.

I don't think it is an unreasonable idea that 9 out of the 49 Republicans would join us when in the House of Representatives the same measure passed by a vote of almost 6 to 1 in favor of it.

This is a good bill, not only because it helps Medicare to continue to thrive because it helps beneficiaries pay their premiums if they are in a low-income category, it helps pharmacists, it helps many others. It has been endorsed by virtually every major organization of physicians, seniors, pharmacists, and hospitals. They know this bill is critically important.

If the Republicans fail to give us the votes necessary to reach 60 votes on the next rollcall, doctors across America treating Medicare patients will take a 10-percent cut in pay in a few days. That is the reality. Those who have voted that way are doing it in order to protect private health insurance companies who are trying to compete with Medicare. Those private health insurance companies have plenty of lobbyists. They are politically articulate. They can be found in the corridors of the Capitol day in and day

out. But those folks are not speaking for the seniors. The seniors want us to stand up and make sure we keep Medicare strong and Medicare providers are there to make sure they get the very best care.

I hope my Republican colleagues will not go in lockstep with the private health insurance companies but will, in fact, stand for the Medicare Program, join the overwhelming bipartisan majority in the House of Representatives who supported this bill. If it costs these private health insurance companies 1 or 2 percent, is that the end of the world, that they would have to give back a little bit of the money they are taking out of our Federal Treasury? I do not think it is. I think they have been shown to charge more than the Medicare Program, to provide less than they publicly disclose in terms of medical benefits, and to engage in marketing tactics which should not be condoned by the Senate.

I hope we will have a good bipartisan rollcall here. It will be a great way to end the session as we break for the Fourth of July recess.

I yield.

THE PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, I don't understand why this has to be characterized as a partisan issue as my colleague from Illinois has done. He said there is a proposal to cut doctors' pay. There is no such proposal. Nobody wants to cut physicians' pay. In fact, I daresay all 100 Senators here are in support of ensuring that physicians get paid an increase in the pay next year from what they are paid this year. What happens is that the law provides an automatic pay cut so we have to pass a bill to prevent that automatic pay cut from taking effect.

I am on the Finance Committee. A few weeks ago Senator BAUCUS, the chairman of that committee, who has a long history of working with Senator GRASSLEY regardless of which party is in the majority, proposed that we work in a bipartisan way to draft a bill to ensure the physicians would be paid. Those discussions commenced. They produced a bipartisan agreement. Then, before that agreement was brought to the Senate floor, the majority announced it wanted instead to substitute a partisan bill that we would seek to consider on the Senate floor. We had a cloture vote on that bill and it failed to get cloture.

My colleague says he hopes Republicans will not vote in lockstep. I can assure my colleagues here Republicans will not vote in lockstep. Democrats will vote in lockstep. There will not be a single Democrat who votes differently. Republicans will be divided.

If this is a partisan issue, it is only a partisan issue because Democrats will vote in lockstep and because the Democrats insisted on bringing a partisan bill to the floor. That was rejected, so Senators BAUCUS and GRASSLEY returned to their negotiations. Again

they were about done with those negotiations 2 days ago when the House scheduled a vote on its own bill and that bill passed. Again that upset the bipartisan discussions that were occurring here in the Senate. As a result, the majority leader decided to bring the House bill to the Senate and ask us to support the House bill. Again, the negotiations stopped.

The vote we are going to have today will either allow the Baucus-Grassley negotiations, bipartisan negotiations, to be completed or send a bill to the President which he will veto—meaning a great deal of time will be lost by the time that bill gets to the President, he ends up vetoing it, he sends it back to the Congress and we presumably sustain the veto. Then what happens after that? Bipartisan negotiations resume.

We can cut out all of that political folderol by simply returning this bill to the people who were negotiating it in the first place. Either way, July 1 will come with no solution. That is a problem for the physicians. The veto route virtually assures that physicians will feel the impact of a 10.6 percent cut in payment because of the amount of time it will take for us to complete our work.

On the other hand, if cloture is defeated and the bipartisan negotiations can quickly resume, then, depending upon when we could pass something after July 4, it is possible that the reimbursement checks could reflect the new rates without the cuts ever being applied.

If you are interested in a truly bipartisan solution in a body that is 51 to 49, if you are interested in minimizing the potential impact on physicians, do not vote for the House bill that we know will never become law.

Let me conclude with this point. The House bill makes some radical changes in Medicare. It doesn't just reimburse physicians; it increases Medicare spending by \$17 billion over 10 years. It makes larger cuts to Medicare Advantage, the highly successful insurance program for America's seniors. This will minimize patient choice in both rural and urban areas and, according to the Congressional Budget Office, 2 million seniors would lose their fee-for-service plans by the year 2013 under the House bill. It would significantly restrict Part D plans' ability to negotiate prescription drug prices.

We can do better than this. We should return to the bipartisan negotiations and pass a truly bipartisan bill which will ensure that physicians will be paid and Medicare patients will be served.

THE PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, here we are again. Once again the Senate is being asked to vote to proceed to a bill that is written on a partisan basis. As everybody knows who knows how the Senate functions, anything that is on a partisan basis does not get done.

Once again we are being asked if we want to agree to a process where no

amendments will be allowed. Once again we are being told to take it or leave it. The damage that is being done to the ability of this body to function is extraordinary. It should not be this way and it doesn't have to be this way.

I say this from a lot of experience I have had on the Finance Committee and, most importantly, my experience working with Senator BAUCUS, the chairman of the committee. During the last several years, the Finance Committee has produced numerous bipartisan health care products.

In 2003, Senator BAUCUS and I joined together, defied the long odds against it and produced a Medicare Prescription Drug bill.

In 2005, we worked together on a relief package in the aftermath of Hurricane Katrina.

In 2006, we passed the Tax Relief and Health Care Act.

In 2007, we worked together on a bipartisan Children's Health Insurance Program Reauthorization Bill. We also passed the Medicare, Medicaid, and Children's Health Insurance Program Extension Act of 2007.

I could go on and on. For years the Finance Committee has been the model of how a committee can work on a cooperative—and that basically means on a bipartisan—basis. I think we work best when we work together. For some reason that has not seemed to be the case this year and that is not Senator BAUCUS's fault.

I have tried to work this year to get a bill that could get signed into law. I personally think the White House is drawing lines in the sand that are unreasonable. However, there is a fact of our Constitution: The President holds the veto pen and if this bill passes today, we will see it used, and that is regardless of this Senator's position that maybe the White House has been too strict.

I tried to work toward a bill that can be signed by the President, because those are the facts of life. Obviously that was not the path the majority of the Senate—meaning the majority party—could follow. Even after the first cloture vote, even after it failed in the Senate, I tried to get a bipartisan compromise that could be signed into law. That effort was abandoned when the House voted to support the bill on which the Senate couldn't get cloture. That is not a realistic position for the other body to take but it doesn't matter; they took it, so we are here.

When we were in charge around here, I can say we certainly didn't appreciate it when, under Republican control in the House of Representatives, the Ways and Means Committee tried to dictate terms to this body. When Ways and Means Chairman Thomas tried to roll the Senate, I think I successfully defended the bipartisan Senate position. When I was chairman of the Finance Committee, I don't recall our bipartisan efforts being determined by House votes. To the contrary, I think we worked together in spite of House

votes. In fact, the House budget—or the congressional budget adopted in the year 2003 that had provisions in it for taxes when the President of the United States wanted a \$700 billion tax cut—I told enough Republicans in the Senate that I would not bring out of conference a tax bill that had more than half that amount, \$350 billion.

I didn't tell the House of Representatives that before they voted on their budget, but they passed a budget that we could get enough votes to pass in the Senate because of the promise I made to some Republicans that we were not going to be dictated to by the White House or by the House of Representatives. And we didn't do more than a \$350 billion package. Was there an uproar among House Republicans against me, when I had told enough Republicans in the House what we would do on that tax bill. So I think I have defended our position.

But let's be clear about another thing. That House vote I referred to went the way it did because Members were assured that the Senate was going to fix the problem in this bill. But we are in a process where we cannot fix that problem. They are counting on us to fix it so we would have a bill the President would sign. They are right about one thing: This bill does need to be improved. The bill the Democrats are trying to pass is woefully lacking in what it provides for rural America as opposed to what Senator BAUCUS and I were agreeing to by 11 o'clock Tuesday of this week.

I wish to call out one specific provision. Senator HARKIN and I have worked extensively on a provision for so-called "tweener" hospitals. These are hospitals which are too large to be critical access hospitals but too small to do well under the current Medicare payment systems. We had a provision to improve payments to these hospitals. It is not in the House Democrats bill, so a vote for cloture misses an opportunity to provide critical assistance to rural hospitals all over the country. I am sure Senator HARKIN and others are disappointed, as I am, with this omission. This is not something just for Iowa and for Senator HARKIN and for Senator GRASSLEY; this is something that affects 181 hospitals in 31 different States in this country. But that was left out in the House of Representatives. Why? Because the House of Representatives is controlled by the big States, by the big cities, and they don't care about rural America.

Voting for this bill accomplishes nothing. It will not become law. How much more clear can we be about that? To keep the pay cut of doctors from happening, we have to defeat this motion so we can sit down and finally produce a bill that can become law.

To improve Medicare, we have to produce a bill that can become law, and that means being signed by the President of the United States. To make sure that beneficiaries continue to have access to essential therapy serv-

ices, we have to produce a bill that can become law. To help beneficiaries, we have to produce a bill that can become law. How many times do I have to say that?

To preserve access for durable medical equipment for seniors, we have to produce a bill that can become law. We have to be allowed to do our work in the Senate. And that work only gets done if we have bipartisanship.

We have to be allowed to produce the best bill possible through bipartisan compromise. Let's show that we can work on a cooperative basis. We have to defeat this motion so that we preserve the right of the Senate to have input on legislation, that we are not simply a rubberstamp for the House.

We should defeat this motion so that we can show that bipartisanship is not dead on important health care issues that matter to millions of people who depend on us as stewards of Medicare. Let's do the right thing and vote no. Vote no so this body does not abdicate its duties under the Constitution. Vote no so that we can get a bill done this week that can become law. Vote no so that we can get the job done.

A "yes" vote accomplishes nothing because it is going to delay for 2 weeks everything to be considered because of the President vetoing this bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. BINGAMAN. Mr. President, how much time remains on this side?

The PRESIDING OFFICER. The majority has 20 minutes, of which 10 minutes are reserved for the majority leader.

Mr. BINGAMAN. Mr. President, I will use a maximum of 5 minutes to respond to some of the points that were made.

First, let me say how much respect I have for Senator GRASSLEY. He is the ranking member on our Finance Committee. He is a very conscientious and fair individual with whom I have enjoyed working on many matters.

On this particular issue, I disagree with him. Let me point out there were three arguments made: First, that this is not bipartisan; it is clearly not the bipartisan agreement he and Senator BAUCUS were working to develop, but it is clearly a bipartisan agreement.

I am informed that 129 Republicans in the House voted for this bill. That is two-thirds of the Republicans who serve in the House. The vote in the House was 355 in favor. So this is a bipartisan bill by any definition. The fact that it has come from the House of Representatives rather than originating in the Senate, of course, is another matter. But it is bipartisan.

The second point, of course, is that there are important things that have been left out. I do not doubt that there are important things that have been left out and that I would like to see included. But the reality is, we have a bill that does important things; particularly, it heads off the expected cut in physician payments that is scheduled to occur next Tuesday. That is a

very important provision. And I think it makes all the sense in the world for us to pass what we have in front of us, pass what the House of Representatives has passed, fix the problems that legislation fixes, and then come back at a future time and try to solve these other problems, many of which I am sure I would wind up agreeing with my colleague from Iowa.

The third point is that we should oppose this because the President has said he would veto it. Frankly, I am not clear as to the substantive reason the President thinks this bill should be vetoed.

I believe strongly that the way the system is intended to operate is, Congress sends bills to the President. If he vetoes them, then Congress sees whether it has got enough votes to override the veto. If we do not, of course we have to take a different course.

In this circumstance, it looks to me like at least the House of Representatives has enough votes to override a Presidential veto, if the President were to take that course. I do not know what we would have in the Senate. I hope very much we would have the necessary 67 votes. I think it would certainly be in the interests of the people I represent in New Mexico to see this legislation enacted and enacted quickly.

So I urge my colleagues to support it and hope that colleagues on both sides of the aisle will support the legislation.

Mr. LEVIN. Mr. President, I support the Medicare Improvements for Patients and Providers Act, H.R.6331, which makes a number of needed changes related to Medicare reimbursement, including reimbursement for physicians' services.

Medicare physician fee schedule payments are updated each year according to a complex formula based on a sustainable growth rate, SGR. Unfortunately, because of the way the formula is calculated, even if Congress prevents the cuts in a given year, scheduled reimbursements cuts are likely to increase in subsequent years unless Congress takes additional action, such as developing a permanent alternative to the SGR formula.

I support efforts to ensure that physicians receive adequate reimbursement for their services. It could be financially unsound for physicians to continue to provide services to Medicare beneficiaries if reimbursement is inadequate. As a result, allowing reimbursement cuts to enter into effect could pose significant access problems as physician's are unable to afford providing services to Medicare beneficiaries in need of medical attention.

While I believe past measures to alleviate this burden on physicians have been helpful, I know from my discussions with health care providers throughout Michigan that more needs to be done. For the long term, Congress must find an alternative to the SGR. The SGR is linked not to the cost of providing health services, but to the

performance of the overall economy. The cost of health care has been rising much faster than inflation. Our Nation should address the rising costs of health care as part of a larger discussion on health care reform. Reimbursement should more accurately represent the cost of providing services.

In the meantime, I support this legislation, which includes a delay on Medicare reimbursement cuts for physicians' services and replaces the cut with a 1.1-percent increase for 2009. I am hopeful that the Senate will pass this legislation and that the President will heed the will of Congress and the American people and sign this bill into law before the cuts enter into effect on July 1.

Mr. GRAHAM. Mr. President, today I wish to express my disappointment in the straight extension of the current temporary assistance for needy families, TANF, supplemental grant program, which is included in the Medicare bill. I oppose the extension of this program without updating the 10-year-old statistics that qualify States for participation in the program, and without the appropriate reauthorization and consideration of changes necessary to ensure that this assistance is being afforded to the States that need it most.

The TANF Supplemental Grant program was created in 1996 to provide additional assistance to States that spend less money per poor person on TANF services. Seventeen States qualified for additional TANF benefits under this program based on certain statistics collected at or around that time. More than 10 years later, these States are still receiving supplemental grant benefits based on the same 10-year-old statistics. A straight extension of this program does not award this assistance based on current conditions in States.

There is no doubt that our nation is facing challenging economic times. Rising gas prices, rising unemployment States, the housing crisis and rising food prices all place a particularly significant burden on less fortunate families. Some state TANF programs are seeing increased caseload pressure.

South Carolina can only afford to spend 29 percent of the national average per poor child on TANF services compared to some States that spend well over the national average. To make matters worse, South Carolina did not and has not qualified for the supplemental grant program due to an old statistic that has since changed.

Senator ROCKEFELLER and I introduced a proposal to allow States that spend below the national average on TANF services to participate in the supplemental grant program. Using updated statistics, our legislation would ensure that the dollars spent on this program are appropriately directed to States that need it most so that they can help struggling families get on their feet and back to work.

Unfortunately, the Senate Finance Committee chose to quickly pass this

extension as a part of a larger bill in order to avoid the discussion of reauthorization and changes necessary to update the supplemental grant program. I am disappointed some States, like South Carolina, and families that might otherwise receive this additional assistance will not have the opportunity to benefit from a mere update of the current program, or from the consideration of Senator ROCKEFELLER's and my proposal.

I am committed to ensuring that Federal dollars spent on welfare services and benefits are spent efficiently. I am disappointed that the reauthorization of the supplemental grant program did not receive the attention it deserves, and I am hopeful that this can be addressed in the future.

Mr. AKAKA. Mr. President, I support the Medicare Improvement for Patients and Providers Act of 2008. We must quickly enact this legislation in order to ensure that Medicare beneficiaries continue to have access to health care, enhance Medicare benefits, and extend Medicaid disproportionate share, DSH, allotments for Hawaii.

This essential legislation will maintain Medicare physician payment rates for 2008 and provides a slight increase in 2009. If this legislation fails to pass, doctors will be faced with a 10.6-percent cut in Medicare reimbursements. Rising costs, difficulty in recruiting and retaining staff members, and declining reimbursement rates make it necessary to make improvements in Medicare reimbursements to ensure that Medicare beneficiaries have access to health care services.

The bill will enhance Medicare benefits. It will increase coverage for preventive health care services and make mental health care more affordable. In addition, the Act will help low-income seniors access health care services that they need.

In addition, this legislation includes a provision that extends Medicaid DSH allotments for Hawaii and Tennessee for another 18 months. Medicaid DSH resources support hospitals that care for Medicaid and uninsured patients.

Hawaii and Tennessee are the only two States that do not have permanent DSH allotments. The Balanced Budget Act of 1997 created specific DSH allotments for each State based on their actual DSH expenditures for fiscal year 1995. In 1994, Hawaii implemented the QUEST demonstration program that was designed to reduce the number of uninsured and improve access to health care. The prior Medicaid DSH program was incorporated into QUEST. As a result of the demonstration program, Hawaii did not have DSH expenditures in 1995 and was not provided a DSH allotment.

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 made further changes to the DSH program, which included the establishment of a floor for DSH allotments. States without allotments were again left out.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 made additional changes in the DSH program. This included an increase in DSH allotments for low DSH States. States without allotments were again left out.

In the Tax Relief and Health Care Act of 2006, DSH allotments were finally provided for Hawaii and Tennessee for 2007. The act included a \$10 million Medicaid DSH allotment for Hawaii for 2007. The Medicare, Medicaid, and SCHIP Extension Act of 2007 extended the DSH allotments for Hawaii and Tennessee until June 30, 2008.

This extension authorizes the submission by the State of Hawaii of a State plan amendment covering a DSH payment methodology to hospitals which is consistent with the requirements of existing law relating to DSH payments. The purpose of providing a DSH allotment for Hawaii is to provide additional funding to the State of Hawaii to permit a greater contribution toward the uncompensated costs of hospitals that are providing indigent care. It is not meant to alter existing arrangements between the State of Hawaii and the Centers for Medicare and Medicaid Services, CMS, or to reduce in any way the level of Federal funding for Hawaii's QUEST program.

I look forward to continuing to work with Chairman BAUCUS, Ranking Member GRASSLEY, and Senators ALEXANDER, CORKER, and INOUE to permanently restore allotments for Hawaii and Tennessee. I thank the chairman and ranking member of the Finance Committee for all of their efforts on this issue of great importance to my home State of Hawaii.

Mr. President, Hawaii's health care providers continue to struggle to care for our growing number of individuals that are uninsured. These DSH resources will strengthen the ability of our providers to meet the increasing health care needs of our communities.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BINGAMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BINGAMAN. Mr. President, I ask unanimous consent that any time under a quorum call on this bill be equally divided.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BINGAMAN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MCCONNELL. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, under the consent agreement that was entered, I have 10 minutes?

The PRESIDING OFFICER. The Senator is correct.

Mr. MCCONNELL. I will yield back the remainder of my time, and then am I correct that the only remaining speaker is the majority leader?

The PRESIDING OFFICER. That is correct.

Mr. MCCONNELL. Mr. President, let me be clear, my side, led by Senator GRASSLEY, has been willing to compromise to get a bill that could become law. Everyone agrees we need to fix the physician payment system. There is no disagreement on that. As Senator GRASSLEY has pointed out, we have offered to negotiate. We have offered to extend current law. We have tried to find a way to solve the problem. Unfortunately, the majority apparently is not interested. The bill we are voting on would cause 2 million seniors to lose the extra benefits they currently get in their Medicare Advantage plans. It would rob millions of rural seniors of the ability to choose a private fee-for-service plan. I worry about the impact that it would have on the Kentucky teacher retirement system.

We have a solution that would protect seniors' access to care, that would prevent a 10.6-percent cut in physician payments in Medicare, that would provide billions of dollars to help rural beneficiaries access care. This is a solution that could become law right away. I hope the majority can find a way to take one of the solutions we are offering so that physician payments are not cut and seniors' Medicare benefits are not put in jeopardy.

I yield back the remainder of my time.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, these are some of the organizations that support the Medicare bill now before the Senate. We have the American Association of Retired Persons, the AARP; Alzheimer's Association; the American Academy of Oncology; the American Academy of Audiology; the American Academy of Family Physicians; the American Academy of Ophthalmology; American Ambulance Association; American Association of Nurses Anesthetists; American Cancer Society; American College of Cardiology; American Heart Association; American Hospital Association; American Kidney Fund; American Lung Association; American Medical Association (AMA); American Medical Technologists; American Optometric Association; the American Osteopathic Association; American Psychological Association; American Society of Plastic Surgeons; Campaign for Tobacco Free Kids; Cleveland Clinic—to name a few institutions—National Osteoporosis Foundation; National Renal Administrators Association; National Rural Health Association; Parkinson's Action Network; Schizophrenia and Related Disorders Alliance of America; Society for Thoracic Sur-

geons; Suicide Prevention Action Network; Medical Rights Center; National Community Pharmacists Association.

I ask unanimous consent to print in the RECORD more than 200 organizations that want every Senator to vote to finish this legislation, to complete this legislation, to pass this legislation.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

H.R. 6331, "MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008" LIST OF SUPPORTING ORGANIZATIONS

Alliance for Aging Research; Alliance for Retired Americans; Alzheimer's Association; AMAG Pharmaceuticals, Inc.; American Academy of Audiology; American Academy of Dermatology; American Academy of Family Physicians; American Academy of Ophthalmology; American Academy of Otolaryngology; American Academy of Physical Medicine and Rehabilitation; American Ambulance Association; American Association of Bioanalysts; American Association of Cardiovascular and Pulmonary Rehabilitation; American Association for Clinical Chemistry; American Association for Geriatric Psychiatry; American Association for Homecare; American Association of Homes and Services; American Association of Medical Colleges; American Association of Nurse Anesthetists; American Association of Retired Persons (AARP).

American Cancer Society Cancer Action Network (ACS CAN); American Clinical Laboratory Association; American College of Cardiology; American College of Emergency Physicians (ACEP); American College of Nurse Midwives; American College of Obstetricians and Gynecologists; American College of Osteopathic Internists; American College of Physicians; American College for Preventive Medicine; American College of Radiology; American College of Surgeons; American Counseling Association; American Diabetes Association; American Federation of Labor & Congress of Industrial Organizations (AFL-CIO); American Federation of State, County and Municipal Employees; American Geriatrics Society; American Health Care Association; American Heart Association; American Hospital Association; American Kidney Fund; American Lung Association; American Medical Association (AMA); American Medical Group Association.

American Medical Technologists; American Mental Health Counselors' Association; American Nephrology Nurses' Association; American Occupational Therapy Association; American Optometric Association; American Osteopathic Association; American Pharmacists' Association; American Physical Therapy Association; American Podiatric Medical Association; American Psychiatric Association; American Psychological Association; American Public Health Association; American Regent, Inc.; American Renal Associates, Inc.; American Society of Anesthesiologists; American Society of Cataract and Refractive Surgery; American Society for Clinical Laboratory Science.

American Society for Clinical Pathology; American Society for Microbiology; American Society of Nephrology; American Society for Nutrition; American Society of Pediatric Nephrology; American Society of Plastic Surgeons; American Speech-Language-Hearing Association; American Stroke Association; American Telemedicine Association; American Thoracic Society; American Osteopathic Association; American Urological Association; Amgen; Association of American Medical Colleges (AAMC); Association for Community Affiliated Plans; Board of

Nephrology Examiners and Technology; California Dialysis Council; California Medical Association; Campaign for Tobacco Free Kids; Center for Clinical Social Work.

Center for Medicare Advocacy; Centers for Dialysis Care; Cleveland Clinic; Clinical Laboratory Coalition; Clinical Laboratory Management Association; Clinical Social Work Association; Coalition of State Rheumatology Organizations; College of American Pathologists; Colorectal Cancer Coalition; National Osteoporosis Foundation; National Partnership for Women and Families; National Patient Advocate Foundation; National Renal Administrators Association; National Rural Health Association; Northwest Kidney Centers; Parkinson's Action Network; Partnership for Prevention; Prevent Cancer Foundation; Prostrate Cancer Coalition; Quest Diagnostics.

Renal Advantage, Inc.; Renal Physicians Association; Renal Support Network; Renal Ventures Management, LLC; Roche Diagnostics; Satellite Healthcare; Schizophrenia and Related Disorders Alliance of America; Society of Gynecologic Oncologists; Society of Hospital Medicine; Society of Thoracic Surgeons; Society for Vascular Surgery; Suicide Prevention Action Network USA (SPAN USA); Susan G. Komen for the Cure Advocacy Alliance; U.S. Renal Care; Watson Pharma, Inc.; Y-ME National Breast Cancer Organization.

Consortium for Citizens with Disabilities Health Task Force, The Council for Quality Respiratory Care; Da Vita, Inc.; Diabetes Access to Care Coalition; Dialysis Patient Citizens; DSI, Inc.; Easter Seals; Emergency Department Practice Management Association; Families USA; Federation of American Hospitals; Food Marketing Institute; Fresenius Medical Care North America; Fresenius Medical Care Renal Therapies Group; Genzyme; Health Industry Distributors Association; ITEM Coalition; Kidney Care Council; Kidney Care Partners; Laboratory Corporation of America; Lance Armstrong Foundation; Leadership Council of Aging Organizations.

Lutheran Services in America; Marshfield Clinic; Mayo Clinic; Medical Group Management Association; Medicare Rights Center; Mental Health America; National Alliance on Mental Illness; National Association of Anorexia Nervosa and Associated Disorders; National Association of Chain Drug Stores; National Association of Community Health Centers; National Association for Medical Direction of Respiratory Care; National Association of Nephrology Technicians and Technologists; National Association of Social Workers; National Association of State Long-Term Care Ombudsmen Programs; National Association of State Mental Health Program Directors; National Association for the Support of Long-term Care.

National Committee to Preserve Social Security and Medicare; National Committee for Quality Assurance; National Community Pharmacists Association; National Council on Aging; National Council for Community Behavioral Healthcare; National Home Oxygen Patients Association; National Independent Laboratory Association; National Kidney Foundation; National MS Society.

Mr. REID. Mr. President, this bill has many items in it, one of which we call the doctors' fix, which prevents a 10.6-percent pay cut for physicians who participate in Medicare. It provides a payment freeze for 2008 and a 1.1-percent update for 2009. These are very important to the medical community.

The reason this legislation is important is, sure, the doctors should not have to take a pay cut. But the main thing is, this bill does not protect phy-

sicians; it protects patients because doctors have been dropping out of Medicare for a long number of years. There are many physicians in America today who will not treat Medicare patients because the payments are too low. But it is a spiraling effect. It is a snowballing effect. Many reimbursements through insurance companies and other organizations are based on what the Medicare reimbursement is. If this is low, then doctors all over the country will be affected. Patients will be affected. People, I repeat, will no longer be able to be treated by their physicians.

We know all these doctors' organizations that are part of this 200-plus organizations I submitted, the reason they are in favor of it is they want their physicians to treat Medicare patients. This will drive people out of Medicare.

We all recognize that President Bush does not like Social Security. He does not like Medicare. He wants them to go away. He wants to privatize Social Security, and he wants to do away with Medicare. This is his effort to do so. But it is the wrong thing to do. It is certainly the wrong thing to do.

This legislation will provide help for rural health care deliverers. Beneficiary investments are significant. Yet there are additional provisions in this legislation for pharmacies, dialysis patients, community health centers, ambulances, rural providers, e-prescribing, psychologist, social workers, and many others.

This is a fine piece of legislation. Remember, we already over here had an opportunity to do work on this bill. Every Democrat voted for it, and nine Republicans. Here is where we find ourselves tonight. Earlier this week, the House passed this identical legislation by a vote of 355 to 59. The Presiding Officer and I served in the House of Representatives. That is an overwhelming vote. It was a bipartisan vote. Democrats and Republicans voted for it. The legislation they passed would help, as I have stated, Medicare beneficiaries and head off looming cuts facing doctors.

Why is Medicare important? My first elective job was on a hospital board. We ran countywide in Clark County, Las Vegas. It was my first elective job. During the time that I was on that hospital board was a transition period. During the time I was there, Medicare passed back here and became the law all over the country. So for a part of my term, there was no Medicare for patients coming into Southern Nevada Memorial Hospital. The rest of the term, it was.

Prior to Medicare passing, 40 percent of the senior citizens who came to that hospital had no insurance. What happened is that wives, mothers, fathers, sons, daughters, neighbors, friends would have to sign that they would be responsible for their bill. If they didn't pay the bill, we had an extremely big collection department. It was a county hospital. It was an indigent facility.

We would go after those people who would sign that these people needed hospital care.

After Medicare came into being, 99-plus percent of the seniors who come into a hospital have health care through Medicare. It is a wonderful program. Is it a perfect program? No. But is it a program worth following President Bush over the ledge to destroy it? That is what is going to happen tonight, Mr. President. If the Republicans do not support this legislation, they are having Medicare go over the cliff. People will be devastated by what is happening.

We have all had people visit our offices, I hope, this week. They visited mine, talking about how devastating this would be—not to the doctors. The doctors are going to survive with a 10-percent pay cut, most of them. But they are going to drop out of the system. It hurts the patients, and that is what this is all about.

Medicare is an important program. It is part of the legacy of our country, and we know our health care delivery system is in trouble. Medicare is one of the strong parts of it. We should continue it, not destroy it. A "no" vote on this legislation tonight is destroying Medicare.

The House bill was very similar to a bill drafted by Senator BAUCUS and supported by every Senate Democrat and many Senate Republicans earlier this month. We all know the issue must be resolved by July 1. It must be resolved by July 1. Our Republican colleagues argue, there will be other opportunities to address this issue. That, using a term of the marketplace, is a "loss leader." There is no other way to do this. We have to do it tonight or it won't be done. July 1 comes next week. We are out of session next week. The House is out of session now. If not, they will be shortly. There are no other opportunities to address this issue. Some ask for a 30-day extension. A 30-day extension requires passage by this body and the House. The House, if they are not adjourned, soon will be. Both Speaker PELOSI and the House majority leader have issued statements that could not be more clear.

Quoting Speaker PELOSI:

The House will not consider any further Medicare legislation.

This means that the 30-day extension is not an option, a week extension is not an option, a 10-minute extension is not an option.

The bill we seek to proceed to represents the only chance for Congress to head off the cuts that doctors will face at the end of this month. This is a good piece of legislation.

Some Republicans also say the Senate should have more time to speak on the bill and debate it. Yet the same Senators who make those claims are the ones who voted against proceeding it 2 weeks ago. You can't have it both ways. We asked to proceed to this 2 weeks ago. It was objected to.

We have had an interesting situation in the Senate.

I have a chart I have asked to be brought out here. Obviously, no one is running very hard to bring it, but it should be here quickly.

We have had an unusual situation. This is, it appears, the 79th filibuster. That is too bad: to filibuster something to preserve Medicare? That is what this is all about. It is too bad. This is legislation that is important.

I say to everyone within the sound of my voice, there are no excuses. This is it. You go home and explain to your family physician: Well, I wanted to talk about it more or I wanted a 20-day extension; they would not give it to me.

We have had 79 Republican filibusters, and the sad part about it is, we are still counting. Remember, this is our Velcro chart. Remember, a short time ago, it was 78. We stuck on a "9" back there, and I guess when we come back after the recess we will have to peel that off and put on an "8" and a "0." Seventy-nine filibusters: untoward. And people who refuse to vote to let this legislation pass are destroying Medicare in the near future—certainly during the next 6 months.

Senate Republicans are playing a dangerous game of chicken, I guess. They have the audacity to say there are other ways of doing this. But in this game of chicken, the only losers will be Medicare patients—old people. Doctors will lose.

The Republicans who choose to block this important bipartisan legislation are going to lose. If there was any doubt that Republicans will regret this path of blindly following on this legislation, one need only look at their own. One need only look at a Congressman by the name of WALLY HERGER. WALLY HERGER is a long-time experienced Congressman. He represents the Second District of California. Here is what he did when he realized how good this legislation was. He realized that by blindly following the Republicans—who he thought knew what they were doing in the House—he made a big mistake.

Congressman WALLY HERGER was one of 59 Members in the entire 435 Members of the House of Representatives—one of 59—to vote against this legislation. Now, this is not some new guy who made a mistake because he did not know what hole to punch in the deal over there. He voted, and as soon as dawn broke in the House, he was on the House floor saying: I made a big mistake. Help me out of the dilemma I am in.

In fact, he was so concerned about this, he sent a letter to all of his constituents in his congressional district. He said, among other things:

From my conversations with House Republican leaders, it was my understanding that the bill—

The bill we are debating right here tonight; this bill—voted on by the House was primarily a political exercise. . . .

It was "primarily a political exercise."

And he said:

Clearly, the outcome of today's vote changed the dynamics of the situation.

Now, this is a direct quote from someone in the House of Representatives, a couple days ago, who voted against this legislation. Here is what he said:

Clearly, the outcome of today's vote changed the dynamics of the situation. . . . Had I known the process would play out this way, I would have supported the House bill. And if the bill comes back to the House for final approval, I intend to fully support it.

Now, my friend, WALLY HERGER, whom I know—I used to see him in the House gym—recognizes he has made a big mistake, and he takes a full page and sends this letter to all his constituents saying: I made a big mistake. Forgive me.

So Senate Republicans do not have the luxury of changing their minds like Congressman HERGER did because right now you have to make a decision, and you know what the facts are. WALLY HERGER learned them later. And I am sure the other 58 who voted "no" feel the same way. This was an overwhelming vote in the House of Representatives on a totally bipartisan basis to do the right thing for the American people. We must decide now whether to stick with President Bush as lemmings going over the cliff, or should we do the right thing and pass this legislation?

A "no" vote will wreak havoc on our health care delivery system in America. And who will it hurt the most? It will hurt the most senior citizens. And it would be too bad as we leave here for 10 days that this legislation will, in the vernacular, go down. It should not. This is legislation that is meritorious. As WALLY HERGER said, if he had understood the dynamics of this legislation, he would not have voted "no."

Mr. President, I believe it is time for the vote.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to H.R. 6331, the Medicare Improvements for Patients and Providers Act.

Harry Reid, Max Baucus, Debbie Stabenow, Jeff Bingaman, Patty Murray, John D. Rockefeller, IV, Thomas R. Carper, Mark L. Pryor, John F. Kerry, Dianne Feinstein, Richard Durbin, Daniel K. Inouye, Bill Nelson, Bernard Sanders, Jon Tester, Jim Webb, Frank R. Lautenberg.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to H.R. 6331, the Medicare Im-

provements for Patients and Providers Act of 2008, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Massachusetts (Mr. KENNEDY) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The result was announced—yeas 58, nays 40, as follows:

[Rollcall Vote No. 160 Leg.]

YEAS—58

Akaka	Feingold	Nelson (NE)
Baucus	Feinstein	Obama
Bayh	Harkin	Pryor
Biden	Inouye	Reed
Bingaman	Johnson	Roberts
Boxer	Kerry	Rockefeller
Brown	Klobuchar	Salazar
Byrd	Kohl	Sanders
Cantwell	Landrieu	Schumer
Cardin	Lautenberg	Smith
Carper	Leahy	Snowe
Casey	Levin	Stabenow
Clinton	Lieberman	Stevens
Coleman	Lincoln	Tester
Collins	McCaskill	Voinovich
Conrad	Menendez	Webb
Dodd	Mikulski	Whitehouse
Dole	Murkowski	Wyden
Dorgan	Murray	
Durbin	Nelson (FL)	

NAYS—40

Alexander	Crapo	Lugar
Allard	DeMint	Martinez
Barrasso	Domenici	McConnell
Bennett	Ensign	Reid
Bond	Enzi	Sessions
Brownback	Graham	Shelby
Bunning	Grassley	Specter
Burr	Gregg	Sununu
Chambliss	Hagel	Thune
Coburn	Hatch	Vitter
Cochran	Hutchison	Warner
Corker	Inhofe	Wicker
Cornyn	Isakson	
Craig	Kyl	

NOT VOTING—2

Kennedy McCain

The PRESIDING OFFICER. On this vote, the yeas are 58, the nays are 40. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

Mr. REID. Mr. President, I enter a motion to reconsider the vote.

The PRESIDING OFFICER. The motion is entered.

Mr. REID. Mr. President, we have something that is long overdue. We have an agreement to take care of this. Nelson Mandela will soon be 90 years old, in a matter of days. The old organization he was a member of decades ago—and he is probably still a member, but I am not too sure—the African National Congress is still treated as a terrorist organization. This takes care of that. We will eliminate that. So the people coming here from that great country, which has done so well for so long now, will be able to come in without being considered terrorists.

REMOVING THE AFRICAN NATIONAL CONGRESS FROM TREATMENT AS A TERRORIST ORGANIZATION

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed